

AUG 18 2006

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**Fax Transmission**

August 18, 2006

Pages (including cover): 13

Recipient(s)	Company	Fax Number
Examiner M.C.T. Pham	USPTO	571 273 8300

ART 1724

Message:

RCE. PLEASE ENTER.

S.N. 10/762,240

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PTO/SB/97 (09-04)

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Application No. (if known): 10/762,240

Attorney Docket No.: 215407-106338

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Request for Continued Examination Transmittal (1 page)

1154531

AUG 18 2006

PTO/SB/17 (07-08)

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<b>Effective on 12/08/2004.</b> <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number	10/762,240-Conf. #4511
		Filing Date	January 23, 2004
		First Named Inventor	Mark T. Kirsch
		Examiner Name	M. C. T. Pham
		Art Unit	1724
		Attorney Docket No.	215407-106338
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	790.00	

  

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>50-3145</u> Deposit Account Name: <u>Honigman Miller Schwartz and Cohn LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

  

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

  

<b>2. EXCESS CLAIM FEES</b>		
Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

  

<b>Total Claims</b> 5 - 20 = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20.	<b>Extra Claims</b> _____ - 3 = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3.	<b>Fee (\$)</b> _____	<b>Fee Paid (\$)</b> _____	<b>Multiple Dependent Claims</b> <b>Fee (\$)</b> _____	<b>Fee Paid (\$)</b> _____
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<b>3. APPLICATION SIZE FEE</b>				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(C) and 37 CFR 1.16(s).				
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____	_____	_____ / 50 _____ (round up to a whole number) x _____ = _____	_____	_____

  

<b>4. OTHER FEE(S)</b>	
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...	790.00
<b>Fees Paid (\$)</b>	

  

<b>SUBMITTED BY</b>			
Signature	Registration No. (Attorney/Agent)	Telephone	
Name (Print/Type) <u>Joseph V. Coppola, Sr.</u>	<u>33,373</u>	<u>(248) 566-8500</u>	
		Date	<u>August 18, 2006</u>

1154530

PTO/SB/97 (09-04)

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Attorney Docket No.: 215407-106338

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**Fee Transmittal (1 page)**

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Attorney Docket No.: 215407-106338

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First Preliminary Amendment (7 pages)

OAKLAND.1153989.1

1153989